

Bar D. Reed
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 08/776786 FILING DATE _____
APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | | |
|--------------|----------|------|------------------------|------|------------------------|------|--|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 1 | | | | | | | | | | | |
| 4 | | 3 | | | | | | | | | | | |
| 5 | | 3 | | | | | | | | | | | |
| 6 | | 1 | | | | | | | | | | | |
| 7 | | 1 | | | | | | | | | | | |
| 8 | | ① | | | | | | | | | | | |
| 9 | | ① | | | | | | | | | | | |
| 10 | | 1 | | | | | | | | | | | |
| 11 | | 1 | | | | | | | | | | | |
| 12 | | ① | | | | | | | | | | | |
| 13 | | ① | | | | | | | | | | | |
| 14 | | ① | | | | | | | | | | | |
| 15 | | ① | | | | | | | | | | | |
| 16 | | ① | | | | | | | | | | | |
| 17 | | ① | | | | | | | | | | | |
| 18 | | ① | | | | | | | | | | | |
| 19 | | ① | | | | | | | | | | | |
| 20 | | ① | | | | | | | | | | | |
| 21 | | ① | | | | | | | | | | | |
| 22 | | ① | | | | | | | | | | | |
| 23 | | ① | | | | | | | | | | | |
| 24 | | ① | | | | | | | | | | | |
| 25 | | ① | | | | | | | | | | | |
| 26 | | ① | | | | | | | | | | | |
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| 47 | | | | 1 | | | | | | | | | |
| 48 | | | | 1 | | | | | | | | | |
| 49 | | | | 1 | | | | | | | | | |
| 50 | | | | 1 | | | | | | | | | |
| TOTAL IND. | | 2 | | 2 | | | | | | | | | |
| TOTAL DEP. | | 27 | | 27 | | | | | | | | | |
| TOTAL CLAIMS | | 29 | | 29 | | | | | | | | | |

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| TOTAL IND. | | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |